

In order to achieve a beneficial change in the Program Integrity Program, it is important for all, who wish to discuss the investigative process, to define important terms so that all members of the IMAC Public Assistance Program Integrity/Fraud Prevention Subcommittee can have a similar understanding of the program

Glossary of Terms

Error Investigation – the process used to determine if a benefit error has occurred or is about to occur. The determination of who was involved with the case, what benefits were effected, when the error occurred, where the error occurred, and how the error took place – The process includes but is not limited to: a review of CARES including case comments, budgets, history of reported earned and unearned income; history of household composition, history of residences; a review of any cross matches for anyone that may be part of the suspected violation; a review of KIDS including historical address information of anyone that may be a part of the suspected violation, history of child support paid, case comments, and case events; a review of Department of Transportation records including drivers licenses, registered vehicles, and registered plates; a review of internet information including on-line phone books and court contact information; a review of EDS for history of Medical Assistance that has been paid; interviewing collateral contacts including landlords, employers, neighbors, and other involved individuals to determine facts; interviewing clients to determine their intent in not reporting accurate information, and reviewing the findings of the investigation to determine if there is sufficient evidence that may support the finding of an overpayment and/or proves an allegation of fraud or intentional program violation.

Front End Verification – An error referral made prior to incorrect benefits being issued. The process, as described in **error investigation**, which is used to further verify information, given by a client in an application, review application, or a report of change from a client, that is suspected of being false, incomplete or inaccurate. Representing and defending the Agency in the decision to close benefits as a result of unreported information.

Fraud – The determination of the trier of fact (Judge, Jury, Administrative Law Judge, etc.) or by agreement that the evidence proves, **beyond a reasonable doubt**, that the client intentionally failed to report information to obtain or continue to receive public assistance benefits – including W2/Child Care, Food Stamps, Medical Assistance.

Intentional Program Violation – The determination of the trier of fact (Administrative Law Judge) or by agreement that there exists **clear and convincing** evidence that the client intentionally failed to report information to obtain or continue to receive public assistance benefits – only including W2/Child Care and Food Stamps.

Benefit Recovery – calculating the benefit discrepancy to determine the severity of the error (the redetermination of eligibility using correct and actual information); the entry of overpayment claims into CARES, and the process to assure that proper notice, regarding errors, is given and complies with policy. Dealing with clients by answering questions and discussing the reasons for the overpayment. Representing and defending the Agency in fair hearings that challenge the overissuance of benefits.

Collections (*collection is a part of benefit recovery*) – the process used to establish repayment agreements and to collect outstanding overpayment claims from current and former public assistance recipients.

Program Integrity – All responsibilities and duties associated with Error Investigation, Front End Verification and Benefit Recovery. These duties involve preventing, detecting, correcting and recovering incorrect public assistance benefits, and ensure that a public assistance case is administered accurately as it relates to the laws, rules and policies of the State and Federal law.

Error (Fraud) Prevention: A program to educate and inform both workers and clients in all areas of program integrity.

Benefit Error – The difference between what benefits were received and what benefits should have been received.

Error Referral – Summary from the gatekeeper which may require an error investigation (after incorrect benefits have been issued) or front end verification (before incorrect benefits have been issued).